

**FAMILY CARE PLAN ADDITIONAL INFORMATION SHEET***(Attachment to Completed AF Form 357)*

In accordance with AFI 36-2908, paragraph 2.8.2.6, Family Care Plans, the following additional information is required to assist my caregiver(s) and dependent(s) with the transition of care and to deal with my absence:

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S.C. 8013 and E.O. 9397, Secretary of the Air Force, powers and duties; delegation by.

**PRINCIPAL PURPOSE:** To contact persons designated by the member as accepting family care responsibility, to verify their willingness to act for the member in this capacity, to advise the caregivers when they are expected to discharge these responsibilities and to insure member's compliance with the instruction.

**ROUTINE USE:** None.

**DISCLOSURE IS VOLUNTARY:** Use of the SSN is required to establish positive identification. Other information is required to ensure members have met their family care responsibilities. Failure to provide the information may result in discharge from the Active Air Force, Air National Guard, or Air Force Reserve.

**MEMBER INFORMATION**

NAME (Last Name, First, MI)	DATE	SIGNATURE	PAGE 1 OF
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**DEPENDENT INFORMATION**

NAME (Last Name, First, MI)	DOB	SEX	SCHOOL GRADE
SCHOOL'S NAME	SCHOOL'S ADDRESS (Include Zip Code)	SCHOOL'S PHONE NUMBER (Include Area Code)	

DIRECTIONS TO SCHOOL

**AFTER CARE FACILITY/ROUTINE CARE PROVIDER**

PROVIDER'S NAME	PROVIDER'S ADDRESS (Include Zip Code)	PROVIDER'S PHONE NUMBER (Include Area Code)
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DIRECTIONS TO FACILITY/CARE PROVIDER

**SPECIAL NEEDS OR UNIQUE SITUATIONS**

PLEASE LIST ANY SPECIAL MEDICAL NEEDS, LANGUAGE LIMITATIONS, OR OTHER UNIQUE SITUATIONS (Attention disorder, speech impediments, medication, phobias, etc.)

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**DEPENDENT INFORMATION**

<i>NAME (Last Name, First, MI)</i>	<i>DOB</i>	<i>SEX</i>	<i>SCHOOL GRADE</i>
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<i>SCHOOL'S NAME</i>	<i>SCHOOL'S ADDRESS (Include Zip Code)</i>	<i>SCHOOL'S PHONE NUMBER (Include Area Code)</i>
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*DIRECTIONS TO SCHOOL*

**AFTER CARE FACILITY/ROUTINE CARE PROVIDER**

<i>PROVIDER'S NAME</i>	<i>PROVIDER'S ADDRESS (Include Zip Code)</i>	<i>PROVIDER'S PHONE NUMBER (Include Area Code)</i>
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*DIRECTIONS TO FACILITY/CARE PROVIDER*

**SPECIAL NEEDS OR UNIQUE SITUATIONS**

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*FOR ARPC USE ONLY*